

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4		/				
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TOTAL IND.	4					
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	18	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		←	←	←	←	←
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████